County: Oconto WOODLAND VILLAGE 430 MANOR DRIVE Facility ID: 9650 Page 1

SURING 54174 Phone: (920) 842-2191
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 60
Total Licensed Bed Capacity (12/31/00): 60
Number of Residents on 12/31/00: 60 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 55

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year	41. 7 40. 0
Supp. Home Care-Household Services Day Services	No Yes	Developmental Disabilities Mental Illness (Org./Psy)	3. 3 25. 0	Under 65 65 - 74	3. 3 6. 7	More Than 4 Years	18. 3
Respite Care Adult Day Care	Yes Yes	Mental Illness (Other) Alcohol & Other Drug Abuse	0. 0 0. 0	75 - 84 85 - 94	33. 3 46. 7	*************	100.0
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi plegic	0. 0 5. 0	95 & 0ver	10. 0	Full-Time Equivale Nursing Staff per 100 R	
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	11. 7 11. 7	65 & 0ver	100. 0 96. 7	(12/31/00)	esidents
Transportation	No	Cerebrovascul ar	15. 0			RNs	9. 7
Referral Service Other Services	No No	Di abetes Respi ratory	5. 0 6. 7	Sex	<u>-</u>	LPNs Nursing Assistants	9. 1
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	16. 7	Male Female	26. 7 73. 3	Aides & Orderlies	47. 6
Provide Day Programming for Developmentally Disabled	No		100. 0		100. 0		
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Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Pri			Private Pay			Manage	d Care	Percent		
	Per Diem Per Diem				m	Per Diem				Per Diem]	Per Diem	Of All			
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4		\$228. 82	36	97. 3	\$94. 51	ŏ	0. 0	\$0.00	19		\$116.50	ŏ	0. 0	\$0.00	59	98. 3%
Intermediate				1	2.7	\$78. 92	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100.0		37	100. 0		0	0.0		19	100.0		0	0.0		60	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 14.5 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 0.0 **75. 0 25.** 0 60 Other Nursing Homes 16. 4 Dressi ng 13. 3 61.7 **25.** 0 60 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 33.3 60 61.8 46. 7 20. 0 28.3 20.0 60 0.0 Toilet Use 51.7 60 1.8 Eating 76. 7 10.0 13. 3 ***** Other Locations 5. 5 Total Number of Admissions Continence Special Treatments 55 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 5.0 10.0 Private Home/No Home Health 45.3 Occ/Freq. Incontinent of Bladder 51.7 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 31. 7 0.0 Other Nursing Homes 0.0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 11.3 0.0 Mobility Physically Restrained 1.7 0.0 23.3 0.0 Other Locations 3.8 Skin Care Other Resident Characteristics 39. 6 6. 7 Deaths With Pressure Sores Have Advance Directives 80.0 Total Number of Discharges With Rashes 1.7 Medi cati ons Receiving Psychoactive Drugs **50.** 0 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Propri etary		50- 99		Skilled		Al l	
	Facility	Peer	Peer Group		Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91. 7	80. 4	1. 14	85. 4	1. 07	84. 1	1.09	84. 5	1.08
Current Residents from In-County	73. 3	74. 2	0. 99	72. 9	1.01	76. 2	0. 96	77. 5	0. 95
Admissions from In-County, Still Residing	36. 4	19. 0	1. 91	21. 3	1. 70	22. 2	1.64	21. 5	1.69
Admissions/Average Daily Census	100. 0	135. 3	0. 74	101. 3	0. 99	112. 3	0.89	124. 3	0.80
Discharges/Average Daily Census	96. 4	137. 7	0. 70	101. 3	0. 95	112. 8	0.85	126. 1	0. 76
Discharges To Private Residence/Average Daily Census	43. 6	57. 0	0. 76	37. 6	1. 16	44. 1	0. 99	49. 9	0.88
Residents Receiving Skilled Care	98. 3	89. 4	1. 10	89. 6	1. 10	89. 6	1. 10	83. 3	1. 18
Residents Aged 65 and Older	96. 7	95. 9	1. 01	93. 4	1.03	94. 3	1.03	87. 7	1. 10
Title 19 (Medicaid) Funded Residents	61. 7	71. 6	0. 86	69. 0	0.89	70. 1	0. 88	69. 0	0.89
Private Pay Funded Residents	31. 7	19. 0	1. 67	23. 2	1. 36	21. 4	1.48	22. 6	1.40
Developmentally Disabled Residents	3. 3	1. 2	2.74	0. 9	3. 55	0. 9	3.64	7. 6	0.44
Mentally Ill Résidents	25. 0	35. 9	0. 70	41.5	0.60	39. 6	0. 63	33. 3	0.75
General Medical Service Residents	16. 7	18. 2	0. 91	15. 4	1.08	17. 0	0. 98	18. 4	0. 90
Impaired ADL (Mean)	45. 3	47. 3	0. 96	47.7	0. 95	48. 2	0.94	49. 4	0. 92
Psychological Problems	50 . 0	45 . 0	1. 11	51. 3	0. 98	50.8	0. 98	50. 1	1.00
Nursing Care Required (Mean)	5. 2	6. 7	0. 77	6. 9	0.75	6. 7	0.77	7. 2	0.73